



Meal Count (Weekly Consolidated)

Attachment 20

Instructions

1. Use this form to consolidate daily meal count information (see Attachment 21).
2. Use a separate consolidated meal count form for each meal type.
3. Information for Items 1-9 should be transferred directly from the Daily Meal Count Form for the week.
4. Information for Item 10, Money Collected/To Be Collected For Adult Meals, is not collected on the Daily Meal Count Form.
5. When completed, this form must be signed and dated by the Site Supervisor.

SITE ADDRESS

SITE PHONE NUMBER

SITE SUPERVISOR

WEEK OF

Meal Type: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total for the week
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								

Signature of Site Supervisor _____ Date _____